



EFFECT OF GENDER ON MENTAL HEALTH OF SCHOOL STUDENTS: A SURVEY RESEARCH

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ABSTRACT

This Survey research aimed to study effect of gender on Mental Health of school students. Two hundred students from different school around Baroda were taken as the sample. Survey research design was used. Mental Health Inventory (MHI 38) was used to measure mental health of school students. Independent t test was used to study effect of gender on mental health of school children. Boy's students have higher Loss of Behavioural and Emotional Control compare to the girl's students. Girls students are more Hypersensitive compare the boy's students. Boy's students have higher Life Satisfaction compare to girl's students.

KEYWORDS: Mental Health, school students and Gender.

Introduction:

What is Mental Health?

Mental health is a way of describing social and emotional wellbeing. Good mental health is central to your child's healthy development. It is associated with: feeling happy and positive about yourself and enjoying life healthy relationships with family and friends participation in physical activity and eating a healthy diet the ability to relax and to get a good night's sleep community participation and belonging. We need good mental health to build strong relationships, adapt to change and deal with life's challenges. It's thought that adolescence is an especially risky period for mental health problems. On top of environment and genes, teenagers go through many changes and challenges in a short period of time (Mental health and wellbeing in adolescence: an overview, 2015). The importance of children's social and emotional development on child outcomes and scientific advances in mental health treatment have led to a heightened interest in and recognition of the importance of children's mental health. Several landmark national reports including those by the Surgeon General, the National Research Council and Institute of Medicine as well as the President's New Freedom Initiative recognize the fundamental role that mental health plays in children's overall health, well-being, and academic and life success. According to the Surgeon General, "mental health is fundamental to overall health and productivity." Health care providers and plans are integral partners in promoting children's and youth's mental health, providing early detection of potential concerns, and ensuring access to mental health treatment. The health care system is perhaps the most common system that families come into regular contact with during a child's early years. Next to schools, it is also the system most frequented by school-age children, youth, and their families. As such, the health care system has a unique opportunity to impact the mental health of all children through comprehensive and coordinated prevention, early detection, intervention, and treatment programs and services (World Health Organization, 2005).

WHY IS CHILDREN'S MENTAL HEALTH IMPORTANT?

Childhood is a critical time for promoting social and emotional development, and preventing mental disorders. In fact, the precursors for many adult mental disorders can be found in childhood. Mental Health is marked by the achievement of key milestones—those critical points in children's and adolescents' lives when they attain expected developmental, cognitive, social and emotional markers—and by secure attachments, satisfying social relationships, and effective coping skills. Children's mental health and wellness warrant unique considerations for a number of reasons, including the fact that children and youth are reliant on their parents and caregivers for nurture and support, and signs of mental health problems and disorders may be different in youth than in adults. Mental problems and disorders affect children and youth from all socioeconomic and racial/ethnic backgrounds. According to national estimates, one in five children and adolescents has a mental health disorder. At least one in ten or as many as six million children suffers from a serious emotional disturbance that severely disrupts daily functioning at home, in school, or in the community. Even though all children and adolescents can experience mental health problems, several factors predispose some children to greater risk for developing a mental disorder. These factors include: Poverty, Low birth weight, Exposure to environmental toxins, Child abuse and neglect, Exposure to traumatic events or violence, the presence of a mental disorder in a parent, and prenatal damage from exposure to alcohol, illegal drugs, and tobacco (World Health Organization, 2005).

Research have done by Patel V., Flisher A.J., Nikapota A., and Malhotra S., – (2008) on the Topic Promoting child and adolescent mental health in low and mid-

dle income countries & conclude that There are very few evaluated child and adolescent mental health (CAMH) promotion or prevention interventions in low and middle income countries (LAMIC). Indeed, there are very few evaluated CAMH interventions of any kind (including clinical interventions) in LAMIC, where the bulk of the very scarce CAMH resources are allocated entirely to the provision of direct clinical services. We believe that highest priority in such a scenario must be given to increased resources to develop, implement and evaluate CAMH promotive and preventive interventions. In the absence of LAMIC evidence, there is no reason to think that preventive and promotive interventions which have been shown to be effective in high income countries would not also be effective in LAMIC. While we accept that some interventions are context specific – economic interventions, for example, may have differential effectiveness depending on the socio-economic situation in which they are implemented – many of the interventions mentioned above unarguably have positive effects, which are not confined to the mental health, or health, sector. The challenge is to aim for a mix of programmes so that the advantages of both preventive and promotive approaches can be harnessed. Capacity needs to be built across the education and health systems, with a particular focus on low-cost, universally available resources and on empowerment of families and children. There are likely to be a number of barriers to scaling up effective interventions for mental disorders which requires renewed attention to politics, leadership, planning, advocacy, and participation.

OBJECTIVE

1. To study the effect gender on Mental Health.

HYPOTHESIS

1. There will be no significant effect gender on Mental Health

METHOD

SAMPLE

200 Normal students were taken as sample, from different English medium school of the Baroda. Include criteria of sample was student's age 13 to 18 years were include and excluding criteria was physically and mentally unhealthy students were exclude.

RESEARCH DESIGN

A research design was used as a Survey research. Survey research design is define as "a technique where by the research studies the whole population with respect to contain sociological and psychological variables" (Singh, 2010). The research Questionnaire was used as data collection tool and my sample size were taken 200 participants.

TOOL

The Mental Health questionnaire was borrowed from the mental health inventory (MHI 38) (The Mental health inventory- MHI- 38, 2003). It is six points scale where 1. All the time 2. Most of the time, 3. A good bit of the time, 4. Some of the time, 5. A little of the time, 6. None of the time. The Mental Health questionnaire consists six dimensions namely anxiety, depression, loss of behavioral and emotional control, General positive effect, emotional ties, life satisfaction.

Result and Discussion

To study the effect of Gender on Mental Health, t-test was used and result is shown below.

Table No. 1 indicates the effect of Gender on Mental Health.

Dimension	Gender	N	Mean (SD)	T	DF	Significant
ANXIETY	BOYS	100	33.1700 (7.17)	0.318	198	0.751
	GIRLS	100	32.8600 (6.59)			
DEPRESSION	BOYS	100	15.2400 (3.84)	0.593	198	0.554
	GIRLS	100	14.9400 (3.28)			
LOSS OF BEHAVIOURAL AND EMOTIONAL CONTROL	BOYS	100	34.0500 (6.32)	2.373	198	0.019
	GIRLS	100	31.9900 (5.95)			
GENERAL POSITIVE AFFECT	BOYS	100	30.0900 (9.76)	0.116	198	0.908
	GIRLS	100	29.9500 (7.14)			
EMOTIONAL TIES	BOYS	100	5.9700 (2.19)	0.639	198	0.524
	GIRLS	100	5.7700 (2.22)			
LIFE SATISFACTION	BOYS	100	2.5500 (1.51)	2.121	198	0.035
	GIRLS	100	2.1300 (1.27)			

There is no significant difference between the boys students and girls student in term of anxiety ($t=0.318$, $P<0.05$) that means of boys 33.17(7.17) and mean of girls 32.86(6.59) on the dimension of anxiety. There is no significant difference between the boys students and girls student in term of depression ($t=0.593$, $P<0.05$) that means of boys 15.24(3.84) and mean of girls 14.94 (3.38) on the dimension of depression. There is significant difference between the boys students and girls students in term of loss of behavioural and emotional control ($t=2.373$, $P>0.05$), that means boys student is 34.05, (6.32) and the mean of girls student is 31.99, (5.95) that means boys students are more loss of behavioural and emotional control compare to the girls student. There is no significant difference between the boys students and girls student in term of general positive affect ($t=0.116$, $P<0.05$) that means of boys 30.09(9.76) and mean of girls 29.95(7.14) on the dimension of general positive affect. There is no significant difference between the boys students and girls student in term of emotional ties ($t=0.639$, $P<0.05$) that means of boys 5.97(2.19) and mean of girls 5.77 (2.22) on the dimension of general emotional ties. There is significant difference between the boys students and girls students in term of life satisfaction ($t=2.121$, $P>0.05$), that means boys student is 2.55, (1.51) and the mean of girls student is 2.13, (1.27) that means boys students are more life satisfaction compare to the girls student.

The hypothesis assumes that there will be no significant effect gender on Mental Health. Result indicates that there is no significant difference between boy student and girls student in term of anxiety. There is no significant difference between boys student and girls student in term of depression. There is significant difference between boys student and girls student in term of loss of behavioral and emotional control. Boys students are more loss of behavioral and emotional control compare to girls student. There is no significant difference between boys student and girls student in term of general positive affects. There is no significant difference between boys student and girls student in term of emotional ties. There is significant difference between boys student and girls student in term of life satisfaction. Boys student are more life satisfaction compare to the girls. The hypothesis is partially proved.

CONCLUSION

Boy's students have higher life satisfaction compare to girl's students. Boy's students have higher loss of behavioural and emotional control compare to the girl's students. There is no significant difference between boy's students and girl's students in term of Anxiety, depression, General positive effect and emotional ties.

REFERENCES:

1. Mental health and wellbeing in adolescence: an overview. (2015). *Mental health and wellbeing in adolescence: an overview* | Raising Children Network, 1.
2. Patel, V., Flisher A.J., Nikapota A., and Malhotra S., (2008). Promoting child and adolescent mental health in low and middle income countries. *Journal of Child Psychology and Psychiatry* 49:3 (2008), pp 313–334, 16-17.
3. Singh, A. (2010). Tests, Measurements and Research Methods in Behavioural Sciences. Patna; Bharati Bhawan (P&D)
4. The Mental health inventory- MHI- 38, (2003). Retrived on 10th August-2015 from https://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/inventory_englis h.pdf

5. World Health Organization. (2005). Child and adolescent mental health policies and plans. Mental health policy and service guidance package. Geneva: WHO.